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SIAM—ITS CLIMATE, DISEASES, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In compliance with your request, I send you some notes in regard to Siam.

Your readers are all aware that this country lies between Burmah and Cochinchina, and for the most part north of the gulf of the same name. It extends from about 11° to 18° north latitude, is about 150 miles wide, and has a population of probably over 3,000,000, or nearly 50 to the square mile. The western border is upon a range of high mountains of limestone rock; its eastern is upon a higher range of primitive formation, which abounds in minerals, such as copper, zinc and antimony. The last named the inhabitants take to be silver, but they do not work it, because, they say, the gods kill all who attempt to do so. Between these mountain ranges lies the gulf, and north of the gulf the kingdom of which we speak. The gulf in former years evidently extended a great distance farther north than it now does, and occupied nearly the whole of the South and the most populous portion of the country. The river Meinam, upon which is situated the city of Bangkok, with a population of some 400,000, runs from north to south through this valley, and is navigable for the largest ships more than 20 miles from its mouth. Eighty years ago it was so some 50 miles farther up, where was the former capital of the kingdom, a large city called Agathia. This whole valley is alluvial—a rich clayey prairie, intersected by rivers, small streams and a few artificial canals.

The climate is very warm and moist. Of course decomposition of dead organic substances, either vegetable or animal, takes place with great rapidity. The year is divided into hot, wet and cold seasons. March, April, May and June, are the hot months. During these months the average range of the thermometer is about 86° . I once knew it to stand from 90° to 98° all the time, by night as well as by day, for two weeks. No rain falls after December, and the earth before June, when showers again commence, of course becomes excessively dry and parched; large cracks or fissures, several inches wide and several feet deep, are frequently seen. On the prairie land, however, vegetation continues to grow, without apparently suffering much from this excessive drought, because the surface is elevated only a few feet above the water in the

rivers and canals, and at a level with the surface of the water the earth is at all times found saturated with it. But on the sides of the mountains the grass withers and the leaves drop from the trees, and all vegetable life seems suspended.

July, August, September and October, are called rainy months. In July and August thunder showers occur every few days. In September they are more frequent, and in October and the fore part of November they are of almost daily occurrence, and some days there are several; the rain falls in torrents. Yet scarcely a day passes in which there is not some hours of sunshine. The earth becomes saturated with moisture; and all the streams are much swollen. The temperature of this season is about 83° .

December, January and February are cold months. The average of the thermometer is 77° . I once saw it stand at 66° , and it has been seen at 58° . During this season no rain falls, but "a mist goes up and waters the face of the earth" abundantly. This mist, however, is not visible. It is a very heavy dew. Although the thermometer does not show a low temperature, yet the mornings are sometimes quite too cold for comfort without thicker clothing than is comfortable after 10 o'clock.

By a residence in a warm climate the system becomes exceedingly sensitive to atmospheric changes of temperature; so much so, that the sudden falling of the thermometer only three or four degrees produces a painful sensation of cold. December is the coldest month in the year, and from that time to the commencement of the rains, in May or June, there is a constant rise in the temperature, as well as increased dryness of the earth.

The population is composed of people belonging to several nations—Siamese, Laos, Chinese, Malays, Burmese and Cambogians. The Siamese and the Laos are very similar in appearance, and there is so much similarity in their languages that they may beyond doubt be considered as belonging to the same class, and to have had the same origin. The Burmese and the Cambogians, although differing more from them, have also most probably the same origin at a more distant period.

The Siamese have coarse, straight black hair, grey eyes, and skin about as dark as mulattoes. Their heads are rather rounder than ours—the anterior portions of the brain being less developed, but otherwise well formed. Nose, mouth, chin, and indeed the whole aspect of the face, is much more like that of children than like that of adults with us, as is also the conformation of the whole person—all being rather inclined to corpulence. Their teeth are stained black at a very early age, and are kept so. Their dress is very scanty—consisting of little more than some three yards of cotton cloth, three fourths of a yard wide, which is put on so as to cover the person from the waist to the knees only. This is all that is considered by either sex as essential to decency, but most of them have another smaller piece of cotton or silk thrown over the shoulders. Their language is monosyllabic. In writing they use thirty-seven consonant characters, and some seven vowel marks or signs which are written above and below the consonants, as in the Hebrew. Each of the consonant sounds may be united to each of the vowel sounds,

and this constitutes the whole language. The meaning of words is also affected by the tone and inflections of the voice. It will be perceived that their language is very simple, and, of course, easily acquired, and necessarily deficient in terms to express a large number of ideas.

Their religion forbids the taking of animal life, and of course animal food is not used at all by them. Hens' and ducks' eggs are, however, used to considerable extent. Rice is the staple article of diet, and is cooked in a great variety of ways ; but for ordinary use it is simply boiled for a very few minutes in a large quantity of water, and after the water is poured off it is allowed to stand ten or fifteen minutes before it is taken out of the earthen vessel in which it is always boiled. When well cooked in this way, the kernels will remain separate from each other, and will be truly cooked without becoming very soft. With the rice thus cooked, condiments of aromatics, spices, and particularly pepper, are used. I have often seen them sit down to a dish of rice with nothing but red peppers to eat with it. Rice, without these condiments, proves powerfully diuretic, but with them no trouble of this kind is experienced ; but it is not a suitable food for patients suffering from bowel complaints, and since my acquaintance with its effects in hot climates I never order it for my patients thus troubled.

Tobacco-smoking is universally practised by the men, and boys even at the age of 2 years, and it is indulged in to great excess. But I think the filthy weed is never used for chewing, but is superseded by the cera leaf and betel-nut, which all the inhabitants, of both sexes, use constantly ; and a most unseemly sight it is to see them with a large quid held much of the time upon the under lip and outside of the teeth, with the reddish saliva often running down upon the chin from each corner of the mouth. So disgusting is the sight, that I believe all who have witnessed it speak of the betel-nut and cera as being very filthy and nauseous. But it is an entire mistake, and I presume it has been made because those who have witnessed the chewing of it by the natives have been so sickened at the idea of tasting it that they have failed to touch it to their lips. I saw it used every day for some two years before I (accustomed as I was to taste almost everything) could induce myself to taste it. The cera leaf is in shape, size and texture much like that of the bean, and its taste is a mild, pleasant aromatic, slightly resembling the winter-green. The betel-nut is in substance, texture, properties and taste very much like the white-oak acorn. A mild preparation of lime colored red is used with the cera and betel-nut, to complete the quid. The alkali is thought to extract the properties of the other two more perfectly, while its alkaline taste is not sufficiently strong to be unpleasant. The quid is such that almost any one would pronounce it pleasant to the taste, notwithstanding the disgust all feel on seeing it used by the natives of the country.

Alcoholic drinks are not used by the Siamese at all, and they look upon those who use them as barbarous almost—they despise them.

The diseases most prevalent are cholera and other bowel complaints, and smallpox. Some seasons intermittent fevers prevail to some extent, but idiopathic fevers are scarcely, if ever, known, and consumption very

seldom makes its appearance. Rheumatism of a chronic character is very prevalent, and often very severe.

The smallpox prevails more or less every year during the dry season, before the rains set in, and spontaneously ceases to rage after the first showers. The same is true of agues; but bowel complaints often prevail during the rains. The system is slow to take on febrile and inflammatory action at all times, and seems to be susceptible of doing so only after the cool, bracing days of December. About ten years since, inoculation was first introduced as a means of mitigating the severity of the smallpox, and proved highly serviceable, and is now extensively practised by the native physicians. The treatment adopted by them in this disease consisted in the exhibition of stimulants, and was not at all judicious.

Great effort has been made to introduce the vaccine disease, and at one time, and only once, has the effort been successful. Two obstacles, apparently insurmountable, have prevented success. First, owing to the state of the atmosphere, decomposition takes place rapidly, so rapidly that the vaccine matter will not retain its virus more than a few hours at any time when exposed to the air, and generally not more than a few minutes. At Singapore, even, it is found usually impossible to carry the matter taken from a fresh pustule the distance of half a mile, and successfully vaccinate with it. I am happy to hear from my friend, Thos. Oxley, Esq., Government Surgeon at that place, that he has been able to keep the matter for a month enclosed in gutta percha, and trust that in this way the virus may be sent safely to Siam in future. The other obstacle is the indisposition of the human system to take on inflammatory action, which, as before remarked, is so great that even the contagion of smallpox cannot be transmitted for some nine months in the year in the country around Bangkok. It is annually brought down from the more mountainous parts. Owing to these two causes, it is not to be expected that vaccination will, for many years to come, be of any great benefit to these people. Inoculation of all exposed to the smallpox seems to be the most effectual way of preventing its fatal consequences, as those who have been thus treated have, with only a *very few* exceptions, passed through this disease without any untoward symptoms.

In the treatment of cholera, no systematic course is pursued. Cham-pooing and kneading the bowels are daily practised in colic and the milder forms of diarrhoea.

For rheumatism, stimulants are used, and often successfully. It is a common remark of authors that this is a disease of temperate and not of tropical climates. I should call this a great error, so far as my observation goes; for I believe that there is as much, if not more, of this disease in the very even climate of Singapore, where the thermometer seldom varies ten degrees in the whole year, as there is in any part of New England. No doubt much of this is induced by unnecessary exposure; yet I believe that the prevailing impression is derived from the experience of those that have in their own persons experienced the benefit of an equable temperature for a limited period only. Dyspepsia is

not common. Insanity is scarcely known. Wounds are not of frequent occurrence, and heal with extreme readiness. Hence surgical operations are not so liable to be followed by bad results as in this country, other things being equal. Superficial ulcers are not common upon the Siamese, but are so upon the Chinese. The remarks upon surgical operations apply with full force to operations upon the eye. The Siamese, however, are not as subject to diseases of this organ as the Chinese are. While residing in the country, I performed many of the most important operations upon these delicate organs, as well as upon other parts, and, with scarce an exception, with the happiest results. The Chinese, particularly, are the best subjects for eye operations I ever met with. They will hold their heads and eyes perfectly still through the whole operation, without the aid of an assistant.

In regard to midwifery, very little can be said. They are entirely ignorant of the anatomy of the organs of generation, and serviceable aid is never rendered the parturient female. Yet they usually are safely delivered, but after this they are kept in a close apartment made insupportably hot by fires kept for the purpose, and not a few cases prove fatal on this account. This seems the more strange, because fires are never used for the purpose of warming apartments at any other time, and the patient at these times suffers exceedingly. Few women have more than two or three children, and many of them are barren.

The children are never clothed until three or four years of age. Their skins, however, are kept yellow with pulv. turmeric, and the female children have usually a substitute for a single fig-leaf in the shape of a small brass ornament, which is kept in its place by means of a string around the hips. They are bathed very frequently—several times a-day often, and those about the rivers learn to swim about as soon as they learn to walk. It will at once and justly be inferred from the above, that the native population does not increase very rapidly. It is, however, supposed to be increasing somewhat.

Polygamy, or rather concubinage, is permitted, but is not practised except by the people of wealth, who are all government officers. The king has, and can have, but one *wife*, but the number of his concubines is not less than three or four hundred.

STEPHEN TRACY.

THE SURGICAL ADJUSTER—DR. KING'S REPLY TO DR. JARVIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I will not burthen yourself or your readers with a lengthy reply to the communication of Dr. Jarvis in Nos. 17 and 18 of your Journal, nor shall I engage in a very serious controversy with any one whose mind appears so barren of everything except vanity and scurrility, although in this case I have the charity to suppose that the anemia has been occasioned by that very great mental effort which brought forth the adjuster "at a single leap." I am sorry to disturb a mind thus situated, and do assure you that in future I shall allow all further communications from him "to lie" unnoticed, unless he should manifest some better symptoms of intellectual vigor.

When I sent you, in April last, for publication, an article upon the treatment of fractures and dislocations, I also sent Mr. Burnett, 33 Tremont row, Boston, an apparatus similar to one which I had used for many years, with a request that he would show it to any that might wish to see it. In preparing the article and forwarding the instrument, I had no other object in view than to call the attention of the profession to the subject of osteal surgery. I entertained no feelings of personal hostility towards Dr. Jarvis. I had no rival apparatus to place in market to supersede his, and as an individual I could not be benefited or injured by any disposition of his machine. But it appeared to me that it was an unnecessary tax upon the profession, which might be abated without detriment to any one except the patentee, and that his often-repeated declarations that the adjuster was the only safe or proper apparatus for the treatment of dislocations and fractures, tended to deceive the inexperienced and to discourage other improvements. If my views were erroneous, an investigation would only tend to establish more firmly the reputation of the adjuster; but if I were correct, the general good would be promoted by it. The pattern in the hands of Mr. Burnett was offered to all who should wish to use it, and it is there yet upon the same terms. I did not assert that it was the only or even the best means that might be employed; but I thought then, and think now, that the plan is much better than that of Dr. Jarvis, having all the advantages of application and operation which belong to his, at the same time that it is more simple, lighter and cheaper. A number of physicians and surgeons of skill and experience have expressed their approbation of the plan, and a practice of nearly thirty years has afforded me some opportunity to test the value of different appliances. I know that powerful mechanical means are seldom necessary—less now than formerly—which circumstance diminishes the value of all such machines, and some surgeons in extensive practice discard them altogether.

In the first chapter of Dr. Jarvis's communication, he has introduced an article written by a Dr. Stout, and published in the "*Archives Générales de Médecine*." I know nothing of this Dr. Stout, and will not pretend to say what induced him to make such "indefatigable" exertions in the cause of Dr. Jarvis; but I do know that this same article, a little abbreviated, forms a part of the appendix to Dr. Jarvis's *Lectures*, which have been circulated all over the country, so that this is only an old story told over again; and whether the statements are any truer now than at first, your readers will judge. This Dr. Stout divides the history of osteal surgery into three periods:—The first from Hippocrates to Ambrose Paré in 1582; second, from the time of the great Paré to that of J. L. Petit, 1750; third, from the time of J. L. Petit to that of Dr. Jarvis, 1846, the era of the adjuster. Having thus brought the history down to the present time, Dr. Stout proceeds to say, "Previous to the invention of Dr. Jarvis, we find but *two* examples of the application of *this principle* to surgery." One of these, he says, was the apparatus of Nicolia, and the other that of Frederic III., King of Prussia. Here, then, from his own showing, are two distinct individuals who employed the same *principle*, and used the rack and pinion, in the treat-

ment of fractures; and if this "indefatigable Dr. Stout" had just looked into the third volume of the *Mémoires de l'Acad. Roy. de Chirurg.*, page 258, he would have found an account of another, that of Bellog, to which I referred in No. 12. From these accounts it will be seen that the rack and pinion have been constructed and used by at least three different individuals before Dr. Jarvis. Nevertheless, Dr. Stout goes on to say, "The existence of these instruments, however, ought not in the least to diminish the honor of originality due to Dr. Jarvis, who knew nothing of them." Here is another new principle. Did any man ever before claim exclusive legal rights and public honors for what he did *not* know? If this is to be the rule of distribution, Dr. Jarvis may probably aspire to other honors. In conclusion, Dr. Stout enumerates seven distinct advantages which he says "entitle the adjuster to the preference over all others." Now whoever will take the trouble to examine the instrument at Mr. Burnett's, will find that it has every one of these advantages, besides several others that make it preferable to that of Jarvis.

Dr. Jarvis pretends to think that my remarks upon the adjuster implicate "such men as Brodie, Cooper, Guthrie, Lawrence, Fergusson, and many others," and declares his determination to defend them. It must certainly be a source of great satisfaction to such men to know that they have an advocate who has at his command such a "combination of mechanical powers," all operating upon new principles.

Having brought his first chapter nearly to a close, Dr. Jarvis announces another of his new principles in the following language. "But a dog may approach the sleeping lion." And without condescending to tell us "how or by what means," he breaks off. Perhaps this reflection may afford him a momentary consolation; but I think that he will find that when the lion rouses up he will show no regard to any small cur, although he may wear a collar "worth fifteen English sovereigns."

In his second chapter, Dr. Jarvis labors hard to prove the truth of his old position, viz., that in dislocations of the humerus the head of the bone makes its escape through a longitudinal rupture in the capsular ligament. To prove this, and, as he says, to "establish the value of the adjuster," he has brought forward a large number of quotations, not one of which, when rightly understood, contributes anything towards his hypothesis. The idea itself is ridiculous. Who that knows anything of the anatomy of the shoulder-joint, can for a moment suppose that the head of the humerus may be entirely removed from the glenoid cavity through a longitudinal slit in the capsular ligament? If any think so, let them try the experiment in the dissecting room. I have heard that African bees, as big as sheep, live and swarm in hives of ordinary size; but I never before knew for certainty that a solid cylinder, two inches in diameter, could pass through a slit an inch long in a dense ligament. This appears to be an entire new principle, and the honor of the discovery belongs wholly to Dr. Jarvis. After having gone through with his quotations, and commenting upon them to his own satisfaction, he proceeds to say that in one instance at least "the rupture of that capsule was substantially longitudinal," and thereupon declares that he "will risk his reputation upon it." This is a very convenient method of proving matters

that admit of no other proof, and is much in use among a certain class. One bets his dog or his horse, another his hat or his head, and thus the matter is proved and the question settled. In the present case I have not been informed whether any one has come forward to take the bet. Perhaps the pain-killer man, or the inventor of the medicated jacket, may contend for the prize—especially if the gold medal, which seems to be the principal foundation for the proffered treasure, is to go with it.

Dr. Jarvis next proceeds to inquire—"How does this case square with the views and opinions of Sir Astley Cooper?" In the new edition of Sir Astley Cooper upon Dislocations and Fractures, edited by Bransby B. Cooper, there are reports of a considerable number of *post-mortem* examinations of persons who had died having unreduced dislocations, some of the hip and some of the shoulder, and in no one of these cases are we informed that there was a longitudinal rupture of the capsular ligament, but we are repeatedly told that it was found torn from its attachments. In the first case reported of the shoulder, page 320, he says, "The capsular ligament was torn on the whole length of the inner side of the glenoid cavity, and would have admitted a much larger body than the head of the os humeri through the opening." In another case, page 336, the humerus had been wholly detached from the scapula, and "a complete new capsular ligament had been formed" around the head of the bone in its abnormal situation. In the next case reported, page 337, "the capsular ligament was entirely torn away from the whole circumference of the neck of the humerus." On page 322 Sir Astley Cooper says that in reducing dislocations of the shoulder, "the deltoid and supra and infra spinati muscles are the principal sources of resistance." Here, then, Dr. Jarvis stands convicted by his own witness, and all the fanciful theories upon which he has endeavored to build up the adjuster are overthrown; and I know of no means, except another lift from the "indefatigable" Dr. Stout, that will extricate him from this dilemma.

To the medley of stupidity, egotism and ribaldry, which make up the last three or four pages of this chapter, I shall not attempt to reply, but will just observe that I suppose this to be a fair index to the author's mind, and as such it reflects more severely upon him than any remarks that I could wish to make. From his own mouth let him be judged; although it is mortifying to reflect that a man who boasts so much of his honorable acquaintances should show himself no more worthy of them.

Taunton, July, 1849.

Respectfully yours, DAN KING.

CASE OF ALOPECIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Please publish, as a professional curiosity, the following extraordinary case of alopecia.

The subject, a child of Mr. ———, a lovely, dark-haired little girl, aged 11, in perfect general health, although suffering at times from palpitation of heart—cause, it is feared, organic—in September last perceiv-

ed patches of baldness encroaching upon lateral, posterior and vertical regions of scalp, for which the mother, after various domestic applications, had the head perfectly shaved—probably a very appropriate remedy. Some two months elapsed, and *no hair re-appearing*, my professional attention was called to the case. Found the scalp (with the exception of some dozens of scattered hairs one eighth of an inch long, of original color and partially loosened from their attachment) in a perfectly nude state, exhibiting a whitened, polished surface—not the least vestige of natural appearance remaining. Prescribed, generally—exercise, open air, &c.; and locally, bathing with cold water, brisk frictions daily with dry table salt, to which was superadded, after a few weeks, a solution of tartrate of antimony, ʒj. to aqua ʒiv., until slight irritation supervened.

In about six weeks a soft silvery down began to clothe the whole surface previously occupied by the natural hair. The mother, painfully anxious for the result, inclined to reproach herself for having the head shaved without previous consultation; her anxiety, however, was easily removed by the fact now exhibited to her, of the commencing depilation of both eyebrows and lids. Thus appearances remained for months, the *down* rather increasing in thickness and coarseness, and some hairs upon the vertex becoming firm and inclined to grow, to the length of several lines.

The case has been under occasional supervision from incipency, and yet presents no more natural aspect; in fact, now there is almost a total absence of downy covering to the scalp, the eyelashes and eyebrows, however, having been replaced with silvery hairs of nearly their ordinary length and firmness.

In addition to the above phenomena, we have now a corresponding change in the color of the iris; its hue, formerly dark hazel, gradually assuming the pale pinkish aspect of the natural Albinism. Extraordinary! is it not? and so far as my observation goes, unique—although I have witnessed patches of dark hair changed to grey—and without any apparent assignable cause; both mother and father, and all the other children, having dark, thick glossy hair!

Quere—what, if any thing, is to be done? As an antiquated patient of mine, one of those everlastingly complaining individuals not unfrequently met with in professional intercourse, after expending her utmost physical force in the narration of a host of symptoms, covering the entire person from head to heel, used to say, “Now, Doctor, you’re puzzled, ain’t ye?” If not, say so, and oblige your old correspondent and friend,

Providence, R. I., July 15, 1849.

J. MAURAN.

CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Pieces headed *cholera* have become as common in Medical Journals, as those headed *potato rot* in Agricultural papers; and the subject of each seems so far to be attended with equal mystery. Cimmerian assuming (and from Cimmerii Homer drew, according to Plutarch, his

images of Hell and Pluto) seems to involve both. No one point has struck me with so much astonishment, as the origin of cholera at sea, and on rivers, when the ships and boats sailed from healthy, uninfected ports*—seeming to set at defiance all the theories of contaminated atmosphere, infected, poverty-struck dwellings, filthy streets, and contagious exposure.

In a former communication, which you did me the honor to publish, I aimed at calling attention to one single symptom, attendant upon all, so far as I can learn, fatal cases:—it was the suppression, or rather non-secretion, of urine. Since then I have met with repeated mention of the same symptom in your Journal, from writers both at home and abroad. And in connection therewith, it would seem, that there has been no one uniform phenomenon, evidenced by *post-mortem* inspection, except that of a shrinking or shrivelling of the kidneys, or both. This was early noticed in the East, as early as 1817.

But that which adds to the strangeness of the category, is the little attention, I believe I may say total omission of any remedial agents, directed to this symptom, by the most experienced and celebrated writers. In your number of the 4th inst., are Remarks on Epidemic Cholera, by Dr. Page, of Louisiana, which I esteem highly meritorious and even classical. Practitioners who have, or may have, patients seized, or in a way to be seized, with the disease, may there find a summary of the very best remedies, and combination of remedies, hitherto discovered; as well as a synopsis of opinions of the most celebrated writers, at home and abroad. Yet, wonderful to think, although Dr. Page notices that "The secretions, especially the urine, are suspended," still he does not direct nor refer us to any particular remedial agents for their restoration. But that remedies, removing other symptoms, may restore the secretion of urine, is a natural inference. And the success which one practitioner experienced (who communicated in one of your former Nos.) of the exhibition of tobacco, would in my mind sustain this opinion. This gentleman used it not only in the cases of his patients, but in a severe attack on his own person. In looking over the almost numberless reports, his success appeared to be the greatest, and would, as I should suppose, induce others to give tobacco a trial.

I remain, Sir, Yours, &c.

Lebanon, Conn., July, 1849.

JOSEPH COMSTOCK, M.D.

P. S.—Those who consider what are usually called the *premonitory symptoms*, as the disease itself, and act accordingly, appear to proceed with most discretion in this insidious complaint. The contents of the stomach seem to be very offensive to it, and the idea of dislodging them with hot water seems plausible. Dr. Baillie says that a person will not die so soon from his not receiving any kind of nourishment, as from the cessation of action in the kidneys. Cicero says, "A wise or prudent man notices all things."

* The cholera appeared on board the *New York*, a clean vessel from a clean port, where it did not prevail after she had been 14 days at sea.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VII.

WILLIAM GIBSON, M.D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA,
PHILADELPHIA.

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us,
Foot-prints on the sands of time!
Foot-prints, which perchance another,
Wandering o'er life's weary main,
Some forlorn and shipwreck'd brother,
Seeing, may take heart again."—*Bishop King.*

"ONE thing above all others I pride myself upon : I have never, under any circumstances, failed to report, faithfully and honestly, the result of my practice and operations, whether favorable or unfavorable ; I have never stated any important or marvellous case to the class without giving them proofs of the correctness of my statement, either referring to persons associated with me, or to other circumstances calculated to fortify my own report."

This quotation is taken from an Introductory Lecture delivered November 1, 1841, by Dr. Gibson, in which he gives a short sketch of his own life and principles. Old Maga, or one of his correspondents, in one of the late numbers, argues strongly for the propriety of all men of note writing their own lives ; especially should they do this, says he, after they are forty years of age. The froth and fancy of youth have at this age given place to the substantial realities of manhood, and the mind, now clear, and unclouded by passion or the illusions of the imagination, is able to appreciate the value of life and its objects. It is true that a man will necessarily speak well of himself ; but all know that the world, in the language of Falstaff, is given to lying ; and particularly is it given to detraction. We are under the impression that the simplicity of character exhibited by Franklin, would never have been really understood, and had its predominating influence on the rising generations, had he not painted it himself, in his own inimitable style. Who would or could have depicted his troubles with his brother—his travels to Philadelphia—his temperance pledge, not to eat meat—the patronage of the would-be liberal Governor, who sent Franklin to London to get a printing press, without money or letters—his difficulties there, and his struggles after his return—the establishment of his paper, &c. &c.,—who, we say, *could* have painted these things like him who might, with Eneas, say of them, *magna pari fui* ? One great blessing in this matter, is, that a man must necessarily write what he feels and thinks, and these are the things which people desire to know. The charm of greatness to the young mind, is in the mode of thought of great men. When these men express their own thoughts and feelings, they must of course be true to nature. Every one feels a consciousness that what a man says of himself will be more likely to be *like* him, than anything any body else may say of him.

We commend, therefore, Dr. G. for writing as he has done in the above introductory, at a ripe age, a sketch of his own life. The word "*I*" occurs eighteen times on the first page, and with its cases me and mine twenty-six times on the second. This perhaps is unavoidable in an autobiography. "Fifty years ago (says the learned lecturer—1841), then, I

had the honor of being born in the city of Baltimore, and state of Maryland, and am, therefore, like many of yourselves, a native American and a southern man. After receiving the best intellectual education Annapolis and Princeton afforded, I commenced the study of medicine, and attended, in 1806, a course of Lectures in this University." The Doctor then proceeds to state that he felt a presentiment, after hearing Dr. Physick, that he would succeed this great surgical luminary in the chair of surgery in this school—describes the effect of his statement of the presentiment on the minds of his fellow students and the landlady. "After the close of the lectures," continues he (still full of the idea of succeeding Physick), "I sailed for Europe, and first repaired to Edinburgh, where I spent the summer in witnessing the private practice and operations of the celebrated John Bell, then in the zenith of his glory; in attending botanical and natural history lectures; in devoting particular attention to hospital practice; and in replenishing my stores of classical knowledge under Adam and Dalsell, and other eminent linguists of the day." This continued for two years, when he took the degree of M.D., having written a thesis in Latin, "*De formâ ossium gentilitia.*"

In this production our learned friend seems to have anticipated some of the views of Gall and Spurzheim, and to have gained no little credit in the writings of Pritchard and some of the German writers. From Edinburgh he repaired to London, where, under the tuition of Sir C. Bell—for whose memory the alumni of the University know, he still bears great reverence and respect, having named a son after this beloved preceptor—he acquired that dexterity which it is well known he enjoys in taking plaster of Paris and wax models and casts, and in painting both oil and water colors. The lectures of Cooper and Abernethy were not neglected, and many anecdotes has he related and published in his introductory of these distinguished personages. His last visit to Europe furnished him with abundant materials in reference to the distinguished English Surgeon and Baronet.

After three years of study he returned to Baltimore, and began the practice of his profession. "Soon after," says he, "I joined some friends in getting up the University of Maryland; was appointed to the chair of Surgery," &c. &c. The battles of Bladensburg and North Point supplied him with material for the study of gun-shot wounds, which, his students well know, he has taken great pains to instruct himself in.

But his destiny—for he is a great believer in destiny—led him, in about thirteen years after his first visit to Philadelphia, to the Surgical chair in the University of Pennsylvania, vacated by the transfer of Dr. Physick to the Anatomical. "My appointment," says he, "to Dr. Physick's chair, took place in September, 1819"—now thirty years ago. *Professors never die!!* His appointment as Surgeon to the Philadelphia Hospital—alias alms-house—soon followed, and he continued to fill the position until a few years ago, when an alteration in the arrangement of the institution drove him and his learned colleagues from these great clinical chairs, and left Philadelphia scarcely better than a paltry village as far as hospital advantages go.

CATO.

[To be continued.]

INTESTINAL WORMS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In Number 13 of your Journal (May 2), was published a communication (over the initials J. S. J.) upon intestinal worms. A notice upon page 267 of that number had reference to "many errors and omissions," which would be corrected in a future number.

The character of the errors will be understood and corrected readily by the medical reader, though some "omissions" render the style obscure, and the writer's true meaning may not be clear, perhaps, in the paper referred to, as there is not always a proper connection between sentences and their parts, from the absence of the necessary words and phrases. It is not deemed important at this time to make an extended list of verbal errata; still the following corrections may not be out of place. Page 251, for "ascaris vermicula," read "ascaris vermicularis." Page 252, for "leeching the vagina, &c.," read "searching." Page 254, for "fierce drastics," read "fiercer"; for "throw the vermin," read "thorn;" for "often miraculous powers," read "after." Page 255, for "if a vegetable preparation," read "a chyle-like," &c.

Besides these "slips of the types," there are, however, omissions of whole sentences (not furnished in season for the printer), explanatory of the means by which was obtained the knowledge of the "supposed new method of treating tape-worm," the object in part of the communication on intestinal worms.

One of your correspondents asks the name of the seed, and complains of the want of point in the article in consequence of its omission. An apology was made by the writer for the desultory style of the communication; but the reason for not appending the formula was among the accidental omissions, and not discovered until the edition had been put to press. This opportunity is taken, in reply to your correspondent, to make the correction.

"The emulsion used in cases of teniæ is not designed as a marketable 'specific for sale.' It must be prepared from fresh seed when administered, and always under the direction of an intelligent practical physician. Further trials may furnish such additional evidence as shall render a more elaborate treatise advisable, in which the writer's views upon the whole subject of intestinal worms may be considered, and the probable action and effects of the treatment referred to, explained, with the method of preparing and administering the emulsion according to the great variety of cases in which it may with propriety be used. The name of the seed, with all other necessary information, will be given at any time cheerfully to such physicians as may have cases of real or suspected teniæ, and who may wish to give the emulsion a trial."

I do not know that this addition, in its proper place, would have materially increased the "point of the article." But it was intended as a part of the paper, and should have been published at the time. Your correspondent, if not satisfied that the name of the seed is still reserved, will perhaps, upon reflection, appreciate the motives that induce me

to keep it from the public eye, until the "book about worms" shall appear. I am anxious that physicians shall try the remedy, and from them individually it will not be kept secret.

J. S. JONES.

Boston, July, 1849.

TREATMENT OF CHOLERA AT NASHVILLE, TENN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have witnessed the success of Dr. Peter W. Martin's treatment of cholera; and hoping it may be useful, will briefly state to you the outlines, viz.:—Laudanum, \mathfrak{z} ij.; tr. nutgalls, spts. camph., \mathfrak{aa} \mathfrak{z} ij.; tr. capsicum, \mathfrak{z} jss. Mix, and give from a teaspoonful to a tablespoonful to an adult man every hour, and *instantly after every emesis or dejection*. If the frequency of the pulse be 100, 120, 140, give an enema of two to four ounces of pure tincture of nutgalls, forcing the retention ten or twenty minutes. If cramp, vomiting or purging continue, either before or after rice water discharges, give by the mouth a tablespoonful to a gill of nutgall tincture, *instantly after vomiting*, the effect being best on an empty stomach. Under no contingency must the patient, for a moment, quit his recumbent position. One patient and *one judicious attendant* is best, and the room must be completely ventilated. The decrease in frequency of pulse is indicative both of favorable action of medicine and that the case is *genuine Asiatic cholera*, and presently the restlessness, burning sensations and coldness of surface will diminish. But if the shrinking increases with an advancing quickness of pulse, with retching and purging, *collapse is at hand*, and soon the secretion of urine and *arrest of discharges from the alimentary canal* terminate in a crushing sensation of death. Now, give every twenty minutes a gill of *pure milk cream*, and drink freely of mucilage of gum Arabic (or bene leaves), having ice grated in it, with as much syrup of ginger, peppermint or brandy, as will make it a pleasant beverage. Suppose collapse, more or less, is now progressing, let the patient drink *beef tea*, a little coffee and grated ice at intervals, putting bladders of hot water or mustard over the epigastrium; and if the fluids pass unconsciously, by reason of the sphincter relaxation, inject a gill of nutgall tincture, to which is added cayenne pepper. Also let him drink sixty drops to a tablespoonful *of the same*, giving the ice in *minute quantity, until some febrile reaction* is apparent; and never surrender the case because of *collapse*, which is only incipient death. If consecutive fever continue for days, with paroxysmal debility, give five grain pills of quinine and syrup of ginger, with coffee and sweet cream, and *chicken water*, or fine parched corn flour prepared as panada. The arrest of secretion from the kidneys and constipation for days, *per se*, need give no uneasiness, for, at the right time, they will come on, and may be corrected by a few blue pills and extract of rhei cautiously given. If chronic diarrhoea succeed, employ weak solution of creosote or nitrate of silver, dewberry root tea, mountain *red root*, broiled bear meat, bacon and salted fish, with lye soap and *cold water abutions*, and gentle exercise.

On plantations south, a good mixture for cholera is equal parts of spirits of hartshorn and sweet oil, tincture opium, camphor and cayenne pepper; with strong oak bark decoction for enemata. Castile soap in a gill of hot water acts as an emetic instantly, when it is desired to remove vegetables from the stomach lately eaten, and it is said hot mutton suet, drank in small quantities after every action of vomiting or purging, is a good remedy. *None but strong, healthy persons should wait on the sick, and they* may feel secure by frequent *ablutions*, full ventilation of chambers, and the use of rich diet of bacon, beef, mutton, bread, butter, coffee and tea, prepared, *not in cholera localities*, and eaten in moderation.

In most cases the die is cast in from seven to twelve hours, for weal or wo, and hence the patient must be as much on the alert as if his house were burning around his couch. Dr. Hawthorne gives too much opium for sound American habits, and would destroy, very often, the *fœtus in utero*. Yet, according to circumstances, the clinical observer will often employ opium and capsicum in large amounts, when the system is in a state of *suffocated excitement* or when an *excessive sensibility* of the terminal points of all the nervous tissue is manifested; the cranial walls prevent the early effusion of serous fluids from the brain, and therefore it maintains a recuperative energy longer than more exposed structures of muscles and ganglions, or other soft parts. When extensive cutaneous scalds, draughts of cold water, or inhalation of *charcoal gas*, induce collapse, we do not rely on "calomel and opium" to effect restoration. If one hundred promiscuous cholera cases at the outset, be put in bed, fifty will recover by using some paregoric, peppermint and good regimen, and these might get well even if *some calomel were used*; but the remaining fifty might all die by the irritating influence of calomel or *any other purgative*. Some cases of cholera make as few manifests as does "*Mort du Chien*" on the gulf coast, or cases of the *sun-stroke*. In given cases any of the ordinary symptoms may be absent, and yet danger is indicated, and every close observer will detect cholera traits in prevalent maladies, which demand cholera treatment. Dr. Martin mentioned to me the case of a cholera convalescent, who was in a house where dysentery had broken out, and now his kidneys cast out sero-sanguineous fluid *copiously*, with a like discharge from the bowels, threatening immediate collapse. What then? Calomel and opium would not of course give relief. Dr. Martin gave him to drink a tablespoonful of nutgall tincture, with stimulant mucilage, and injected four ounces nutgall tincture, and he is now costive and using beef tea, chicken water and cream, and is safe.

In 1832-33-34 and 35, there were 3,500 cases of cholera in Nashville, among 7000 people, of whom from 360 to 400 died; and in the *last six months*, when the population is 16,000, it has killed (usually in twenty-four hours after attack) about 420, while other diseases caused only 100 to 120 deaths. The first 200 cholera deaths were at the rate of 10 per cent. of attacks, to the first of June; and the next 200 deaths, at the rate of 20 per cent.; while the last 30 deaths in July have been at the rate of 33½ per cent. of attacks, attributable chiefly to neglect by the patients. If cases be taken at the outset promiscuously, and be firmly and judiciously treated, as set forth above, *not above four per*

cent. will die, and these from idiosyncrasy and prior infirmity of constitution. Of 360 thus treated, only 14 died.

It seems those who guess and theorize most sapiently respecting cholera, have concluded that Hezekiah's good angel is only slaying the Assyrians, and that four grains of sulphur and charcoal is the only sweet smelling savor that appeases his ozone propensities. Why do not our sulphur springs and the coal and gas furnaces at Kenhawa Salines destroy ozone? The fact is, that in eighteen years from 1817, cholera traversed all climates, latitudes, altitudes and vales, roads, cities, countries and oceans, round the world, destroying fifty millions of people; and again starting from the western Pacific waves, and hiding its mystic figure and death wands in the clouds, is again stalking round the globe in an eighteen year destructive inspection. Thousands of adjuvants are found to aid it in the moral man and in all living organization, as well as in physical changes of inanimate matter. When here before, it was epidemic, and in a limited sense was contagious; but now it is not epidemic, and is as fixedly contagious and having as little complexity of circumstances as any other affection called communicable from sick to healthy persons. I would, however, abolish all quarantines, as I would sumptuary laws, and rely on individual prudence and science.

Dr. Martin informed me that a case of cholera, refusing to yield, was treated to-day by an enema of four ounces, and swallowing half a tumbler of nutgall tincture. The arrest of purging gives time for reaction, and presently chyliiferous absorbents are hungry to receive instead of regurgitating nutritive fluids. When a physician in health feels his system much disturbed, he must lie down, using a little camphor, &c., and so resting his system will soon stand firm under heavier charges of the virus. It is a fact that the virus of canine rabies, of milk sickness of the west, of cholera, and of malignant erysipelas, may be dormant for an indefinite time, and by excitants, aroused into development, instantly assumes powers for procreation of similar virus. I could not take measles, whooping cough and chickenpox till an adult, and then only by contact with adults having these affections. It is singular that while erysipelas makes copious lymphatic effusions in a few hours, fettered among the cellular tissue, the cholera no less freely and suddenly casts out its effusions upon the skin and alimentary canal, the former demanding hydragogue cathartics as an alterant means of cure, which are destructive in a few hours, if given, in the latter affection; and yet these maladies march in friendly alliance in all their pestilent invasions.

Very respectfully, your ob't serv't,

Nashville, Tenn., July, 1849.

A. M'CALL, M.D.

P. S.—The rain has fallen eight inches in forty days past, with thunder on thirty days and lightning on the remainder, but the air is pure and the streams of water and surface of the ground show less mossy greenness than usual in the June rains. The winds have been strong, and do not influence the direction of cholera infection. The temperature has been $84\frac{1}{2}^{\circ}$ mean, and by barometer $29\frac{1}{4}^{\circ}$; the highest heat for the same forty days was 91° , and lowest 68° . Vegetation is good, and there is no high

or low locality to which cholera gives preference. I can always detect erysipelas of the contagious cast when within a few feet of a patient, by the impression it makes on my facial nerves; and milk sickness, typhus fever, or smallpox, by the impression on the olfactories; but cholera gives no such indications.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 25, 1849.

Asking Medical Advice.—Physicians who reside in cities are subject to a draft upon their time, and other impositions, to which those in the country are comparatively strangers. There are both men and women of intelligence who seem to consider that physicians are obliged, by the usages of society, to hear them narrate the minutest details of their sensations; what food and medicine they took under certain circumstances, and their opinions in relation to the whole matter; and then they expect the physician's views of the present condition of things. After obtaining in the fullest manner such advice as a discreet physician would give, they conclude it is best to be going, and moreover they express themselves as much obliged for the suggestions. They never intended to pay for the service rendered. Those who suffer most from this species of patronage, are the obliging, kind-hearted, sympathizing physicians, who can least afford to give away precious hours to such unworthy objects. The austere, unsocial, solitary practitioners, whose influence, like Montezuma's, depends on keeping people at a distance, and always at the freezing point, have no such liberties taken with them.

When the members of all medical associations, in towns and cities, have the independence to notify the whole public that they must invariably be paid on the spot for advice, and every visit, after the English custom, paid for daily at the bed-side of the patient, this inconvenience will be remedied, and few or no debts will be lost. A thousand annoyances and inconveniences, inseparably connected with the miserable system by which the practice of medicine is regulated in this country, might be obviated, and something more than a nominal income realized, were a revolution, in this particular, brought about.

Empirical School of Midwifery.—Some slight, faint curiosity is occasionally expressed to know what progress the midwife-manufactory is making in Cornhill, in this city; and further, who is the celebrated instructor, who is heading off the learned profession of the city of Boston, by preparing females for a department of practice considered quite lucrative? Those in the corner are said not to see the smoke. That is precisely our condition. All we know about it is what comes in the form of newspaper paragraphs, in which somebody occasionally intimates that the eyes of all the world are looking with intense interest to the mighty change in the habits and customs of society that the Cornhill influence is about to establish. So far as instruction is the object of the movement, we say the more knowledge females have of their own organization, the better.

If any body prefers the assistance of one of the new-made midwives, who will object? We have no thought of crying out for revenge, or for assistance in putting down a daring rebellion, but are rather disposed to have people accommodated in such matters, so far as it may be done to their own safety.

Increase of Medical Radicalism.—At Rochester, N. Y., an eclectic medical school has been organized, and, according to the notices given, possesses all the elements of an engulfing institution, that will swallow up the Buffalo University, the faculty at Geneva, and perhaps, in the wide-spread circle of its revolutionary influences on legitimate medicine, overturn the old College of Physicians and Surgeons in the city of New York, and, finally, brush away into non-existence its ambitious rival. It is a distinguishing feature in all these new-fangled schemes for teaching the falsely denominated true system of practice, that when they unfurl their banner of hypocritical reform, they declare a war of utter extermination to all existing medical colleges. It is laughable, as well as lamentable, to witness these puny efforts of ignorant, presumptuous men, to arrest the onward progress of knowledge and humanity. If an attempt to restrain them from a free exercise of the privilege of promulgating their sentiments were made, it would be precisely what they most desire, well knowing that the cry of persecution, which they could raise, would be a successful appeal to the sympathies of those lower in the social scale than themselves. Fortunately, such is the organization of our happily-divided government, these revolutionary efforts may be made without disturbing the affairs of the nation; and when the radicals in medicine or politics have exhausted themselves in solemn protestations against the awful and dangerous state of the times, their stentorian voices gradually die away in feeble echos, and the great fabric of society, unmoved by the shock, moves on as harmoniously as though no such occurrences had happened. Threatening as may be the aspect of the power that is rearing its formidable and gigantic head in the city of Rochester, there is consolation in knowing that, as Rome was not built in a day, it is hardly possible this eclectic institute will annihilate whatever it contemplates as heterodox in medicine, without giving its quailing foes an opportunity of escaping from the dangers of a falling wall. Here is a glimpse of what is to be accomplished in only one department. "*Physiology* will be more clearly illustrated in all its practical bearings, aided by the neurological investigations which of late have been adduced, showing the perfect inter-relation which subsists between the mental, moral and physical manifestations. They also demonstrate the coincidences of pathognomonic occurrences as dependent upon the peculiar organism of the nervous system, its development and power. This department presents an unusual amount of original matter, not less novel and startling than truthful and practical." How singular it is that these poor workmen are determined to handle edged tools. Of all self-styled reformers, they are the least able to grapple with a subject which the profoundest philosophical scholars approach with hesitancy.

Characteristics of the Discharges in Cholera.—Dr. North, of Saratoga Springs, gives the following criterion to distinguish the real cholera from common cholera morbus and diarrhœa. After premising that the discharges of true cholera are unaccompanied with pain, he says—"Let a person sup-

pose that a tablespoonful of rice has been boiled in a gallon of water and the whole thrown into a vessel. This is an exact resemblance to the discharges of Asiatic cholera, even to the rice grains in the bottom. A minute's consideration of this production will so fix it in the mind of any person that there need be no mistake. Both the color and smell which accompany the discharges of ordinary diarrhœa are totally absent, and have been in every instance since the disease first broke out near Calcutta, in 1817."

The Cholera.—There appears to be a marked decrease in the ravages of cholera since our last, in most of the cities in this country where it has prevailed. In New York, on the 21st, the number of cases for twenty-four hours was 94, deaths, 36; on the 22d, cases 75, deaths, 30.—In Cincinnati, the cholera interments on the 22d, for twenty-four hours, were 36; from other diseases, 31.—In St. Louis, July 21, cholera interments 36, and business improving. In the last city the total mortality during six months, from the disease, has been very great. The St. Louis Reveille of July 11th, thus alludes to it, and states that at that date acclimated citizens were oftener attacked than at first. "On the supposition that up to the present time, the epidemic had committed its ravages among a population of 60,000 (which the city contained previous to its appearance), the statistics show a mortality of 92 in every 1000—equal to one in nearly every eleven persons. Since the beginning of June, however, numbers of persons have left the city, reducing our present population to 55,000 at the very utmost. From the 1st of June to the 9th of July, the report shows 3,484 deaths—exhibiting with our actual population of 55,000, a mortality of 61 in every 1000, or one out of about sixteen, in six weeks." It is estimated that of these deaths, at least seven in every eleven have been among recently arrived foreigners.—In Canada the disease is prevailing extensively.—In this city, it will be seen that 15 deaths were reported during the last week. Nearly or quite all the cases, however, have been emigrants, or individuals in whom the disease was induced by imprudence of some kind. The cholera cannot be said to prevail as an epidemic in Boston.

Medical Miscellany.—Mrs. Laurania Thraver died at Ogechee, Geo., on the 29th of March, at the supposed age of 137. She was put down at 110, when the census was taken in 1825. She could read the finest print or thread a needle without glasses.—A young girl, near Philadelphia, laboring under some form of lunacy, by pretending to hold conversation with the Lord, is stirring up all the crazy people in the region, who flock in crowds to see one more possessed than themselves.—Yellow fever has broken out at Havana, as usual—and 40 per cent of all the deaths are from that disease.—One of the mis-called medical Botanical Journals has an original article on modesty, a quality not heretofore recognized by some of its contributors.—A convention of *non-poison platformers* was to have been held at Cincinnati the first Tuesday of July. Who can they be?—Dr. Short, a distinguished professor in the medical department of the University of Louisville, has resigned—and is since elected Emeritus Professor of Materia Medica and Medical Botany. His herbarium is represented to be the most complete of any in this country. Lewis Rogers, M.D., has been chosen his successor.—Dr. Mauran, of Providence, late President of the R. I. Medical Society, has been elected an honorary member of the Massachusetts Medical Society.

TO CORRESPONDENTS.—The following papers have been received.—Report on Asiatic Cholera by the Committee on Hygiene of the National Institute—Nos. 8 and 9 of "Sketches," by Cato.—Dr. Williams on the Treatment of Cholera.—Dr. Henry on Malignant Typhus—and R.'s Case of Dislocation of the Cervical Vertebra.

MARRIED.—Dr. T. Edgar Hunt, of Clarksville, Hunterdon Co., N. J., to Miss C. Martin.—In Shutesbury, Mass., Dr. Lewis S. Bemis to Miss J. A. Smallidge.

DIED.—In New York, Thomas Keenan, M.D., after a few hours sickness, 52.—At Bethlehem, Penn., Edward Rice, M.D., 35.—At Litchfield, Conn., Dr. F. S. Woodward, 84.—At Detroit, Michigan, Dr. Oatman.—At Columbus, Ohio, Dr. Yard, of cholera.—At Cincinnati, Hardy Wallace Hill, M.D., Prof. of Surgery in the Botanic Medical College of Ohio.—At Albany, Dr. Charles C. Haddock, of cholera.—At St. Louis, Mo., Dr. Harding Lane, of the same disease.—Dr. Niece, a German Homœopathic physician, recently from Texas, died of the cholera in Cincinnati, on the night of the 26th ult.

Report of Deaths in Boston—for the week ending July 20th, 119.—Males, 60—females, 59.—Of consumption, 15—cholera, 15—marasmus, 3—congestion of brain, 11—drinking cold water, 2—dropsy in the head, 7—convulsions, 3—typhus fever, 3—inflammation of the bowels, 5—sudden and unknown, 6—teething, 3—scarlet fever, 5—accidental, 2—infantile, 4—dysentery, 3—cholera morbus, 1—intemperance, 1—cholera infantum, 2—disease of the spine, 1—measles, 1—inflammation of the lungs, 3—disease of the heart, 3—tumor, 1—diarrhœa, 2—erysipelas, 1—burn, 1—croup, 1—disease of the bowels, 7—drowned, 1—peritonitis, 1—child-bed, 2—disease of the brain, 1—debility, 2.

Under 5 years, 45—between 5 and 20 years, 13—between 20 and 40 years, 35—between 40 and 60 years, 23—over 60 years, 3.

Charity Hospital, New Orleans.—This great thermometer of the health of New Orleans, still continues to receive the afflicted poor within its walls, from whatever quarter they may come. Important additions have been recently made to this institution; a new wing has just been completed, in the rear of the main buildings, of the same size, and fronting the wing formerly occupied by the Insane. This department is designed to accommodate the Sisters of Charity, the stewards, and it also serves as a refectory for the officers and other inmates of the institution. The building formerly occupied by the insane, now receives the *female* patients admitted in the hospital. By this arrangement, the *female* will be separated from the *male* patients; an arrangement always desirable in a large establishment of this kind.

By the recent additions to the hospital and other changes in its internal arrangements, still greater accommodations will be extended to the sick.

The buildings can now receive and comfortably entertain *one thousand* patients—the largest charitable institution perhaps in the world, in proportion to the *permanent* population of the city in which it is located. About the middle of June, over 800 patients were quartered in this hospital, all entertained at the expense of the State. "But charity vaunteth not."

The average number of patients annually admitted into this institution is between *eleven and thirteen thousand*, all of whom are *gratuitously* attended by the physicians of New Orleans. The profession in this city deserve great credit for its disinterested devotion to the cause of charity and the suffering poor.—*N. Orleans Med. Journal.*

Castor Oil and Spirits of Turpentine in Typhoid Fever.—Dr. C. W. Crozier, of Russellville, Ky., has communicated to us the particulars of a case of typhoid fever in which, at an advanced period, castor oil and spirits of turpentine were administered with success. The life of the patient had been despaired of by her friends, and her recovery, Dr. C. attributes to the use of these remedies, in doses of a teaspoonful each, repeated three times daily. While employing this mixture, he had the patient bathed in tepid ley, the effect of which seemed to be salutary. This practice in typhoid fever, attended with coma and watery discharges from the bowels, was suggested to Dr. C. by Dr. James H. Baker, of Knox county, Tenn., in whose hands Dr. C. says it has been found invaluable.—*West. Med. Journal.*

Pathological Appearance in Cholera.—The numerous microscopic investigations which have lately been made in Paris tend to establish that hypertrophy of the intestinal follicles, coinciding with a protrusion of Peyer's glands, and more or less vascularity, are pretty constantly found in persons who have died of cholera. Large ecchymoses have also been discovered in all the parenchymatous organs, not only on their surface, but situated within their substance. These ecchymoses have been found so extensive and of so dark a color, that they look very much like gangrenous patches.

An Anticontagionist Fact.—M. Stienard, of Valenciennes, mentions in a paper addressed to the Academy of Medicine, of Paris (May 1st), that a child violently attacked by cholera was kept warm by its parents by being put into bed with them. By this means the child resisted the algide period, eventually recovered, and the parents never had a bad symptom.